

EXHIBIT A



Harleysville Insurance Co of New Jersey
112 West Park Drive
Mt Laurel, NJ 08054

Insured: Amboy Group LLC DBA
Agent: WHARTON LYON & LYON

Policy Number: CMB00000061925T
Policy Period: 07/10/2017 to 07/10/2018
RENEWAL CERTIFICATE

COMMERCIAL LINES COMMON POLICY DECLARATIONS

Named Insured and Mailing Address:

Amboy Group LLC DBA
Tommy Moloney's & Amboy Cold Storage
1 Amboy Ave
Woodbridge, NJ 07095-2639

Agent:

WHARTON LYON & LYON
PO BOX 1660
LIVINGSTON, NJ 07039

Agency Code: 299591
Phone Number: (973)992-5775

Policy Period: 07/10/2017 to 07/10/2018

at 12:01 A.M. Standard Time at your mailing address
shown above.

Business Description:

Meat Processing Operation

Form of Business:

LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST
CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ 0

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	\$ 6,969.00

Fees and Surcharge - See Schedule GU-7015 (If Applicable)	Sub-Total	\$ 6,969.00
		\$ 42.00
	Total	\$ 7,011.00

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY:
SEE SCHEDULES GU-7004 and GU-7009

GU-7000 (Ed. 4-09)

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Issued: 07/17/2017





Worker's Compensation and Employers Liability
Insurance Policy

New Business _____

Rewrite/Reissue

Policy Number	Policy Period	
	From	To
310 2804983	07/10/2017	07/10/2018 12:01 A.M. Standard Time at the described location
Prior Policy Number		

Transaction

POLICY DECLARATION

1. Named Insured and Address.

AMBOY GROUP LLC
ONE AMBOY AVE
WOODBRIDGE NJ 07095

WHARTON LYON & LYON
101 S LIVINGSTON AVE
LIVINGSTON NJ 07039

Telephone: 973-992-5775

0000501

N. J. Taxpayer Identification Number 463795726000	Carrier # 38563	FEIN # 463795726	Risk ID # 748632	Entity of Insured: <input checked="" type="checkbox"/> Individual Association <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture or Other <input checked="" type="checkbox"/>
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Additional Locations: SEE EXTENSION OF INFORMATION PAGE

2. The Policy Period is from 07/10/2017 to 07/10/2018 12:01 a.m. Standard Time at the Insured's mailing address.

3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: NJ

B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A.
The limits of our liability under Part TWO are:

Bodily Injury by Accident \$	1,000,000 Each accident
Bodily Injury by Disease \$	1,000,000 Policy limit
Bodily Injury by Disease \$	1,000,000 Each employee

C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:

ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, HAWAII, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, KENTUCKY, LOUISIANA, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NEW MEXICO, NEW YORK, NORTH CAROLINA, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TENNESSEE, TEXAS, UTAH, VERMONT, VIRGINIA, WEST VIRGINIA, WISCONSIN,

D. This policy includes these endorsements and schedules: SEE EXTENSION OF INFORMATION PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.
All information required below is subject to verification and change by audit SEE EXTENSION OF INFORMATION PAGE

Minimum Premium

\$900 Deposit Premium

\$131,600 Total Estimated Cost

\$131,600

This is a Three Year Fixed Rate Policy

Premium Adjustment Period: Annual; Semiannual; Quarterly; Monthly

I undersigned this Day of

Sued Date: 07/26/2017

Issuing Office MEMIC Indemnity Company

John T. Conrad
Authorized Representative



Harleysville Insurance Co of New Jersey
112 West Park Drive
Mt Laurel, NJ 08054

Insured: Amboy Group LLC DBA
Agent: WHARTON LYON & LYON

Policy Number: CIM00000088363T
Policy Period: 07/10/2017 to 07/10/2018
RENEWAL CERTIFICATE

COMMERCIAL LINES COMMON POLICY DECLARATIONS

Named Insured and Mailing Address:

Amboy Group LLC DBA
Tommy Moloney's Inc
1 Amboy Ave
Woodbridge, NJ 07095-2639

Agent:

WHARTON LYON & LYON
PO BOX 1660
LIVINGSTON, NJ 07039

Policy Period: 07/10/2017 to 07/10/2018

Agency Code: 299591
Phone Number: (973)992-5775

at 12:01 A.M. Standard Time at your mailing address
shown above.

Business Description:

Meat Processing Operation

Form of Business:

LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST
CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ 250

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

Coverage Part	Premium
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	\$ 4,584.00
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	

Fees and Surcharge - See Schedule GU-7015 (If Applicable)	Sub-Total	\$ 4,584.00
		\$ 28.00
	Total	\$ 4,612.00

**FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY:
SEE SCHEDULES GU-7004 and GU-7009**

GU-7000 (Ed. 4-09)

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Issued: 05/02/2017





Harleysville Insurance Co of New Jersey
112 West Park Drive
Mt Laurel, NJ 08054

Insured: Amboy Group LLC DBA
Agent: WHARTON LYON & LYON

Policy Number: BA00000095645T
Policy Period: 07/10/2017 to 07/10/2018
RENEWAL CERTIFICATE

COMMERCIAL LINES COMMON POLICY DECLARATIONS

Named Insured and Mailing Address:

Amboy Group LLC DBA
Tommy Moloney's & Amboy Cold Storage
1 Amboy Ave
Woodbridge, NJ 07095-2639

Agent:

WHARTON LYON & LYON
PO BOX 1860
LIVINGSTON, NJ 07039

Agency Code: 299591
Phone Number: (973)992-5775

Policy Period: 07/10/2017 to 07/10/2018

at 12:01 A.M. Standard Time at your mailing address
shown above.

Business Description:

Meat Processing Operation

Form of Business:

LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST
CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ 100

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	\$ 7,028.00
Commercial Liability Umbrella Policy	

Fees and Surcharge - See Schedule GU-7015 (If Applicable)	Sub-Total	\$ 7,028.00
		\$ 42.00
	Total	\$ 7,070.00

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY:
SEE SCHEDULES GU-7004 and GU-7009

GU-7000 (Ed. 4-09)

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Issued: 07/17/2017





Harleysville Insurance Co of New Jersey
112 West Park Drive
Mt Laurel, NJ 08054

Insured: Amboy Group LLC DBA
Agent: WHARTON LYON & LYON

Policy Number: MPA00000061923T
Policy Period: 07/10/2017 to 07/10/2018
RENEWAL CERTIFICATE

COMMERCIAL LINES COMMON POLICY DECLARATIONS

Named Insured and Mailing Address:

Amboy Group LLC DBA
Tommy Moloney's & Amboy Cold Storage
1 Amboy Ave
Woodbridge, NJ 07095-2639

Agent:

WHARTON LYON & LYON
PO BOX 1660
LIVINGSTON, NJ 07039

Agency Code: 299591
Phone Number: (973)992-5775

Policy Period: 07/10/2017 to 07/10/2018

at 12:01 A.M. Standard Time at your mailing address
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Business Description:

Meat Processing Operation

Form of Business:

LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST
CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ 500

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Coverage Part	Premium
Commercial Property Coverage Part	\$ 64,868.00
Commercial General Liability Coverage Part	\$ 13,339.00
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	

Fees and Surcharge - See Schedule GU-7015 (If Applicable)	Sub-Total	\$ 78,207.00
		\$ 469.00
	Total	\$ 78,676.00

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY:
SEE SCHEDULES GU-7004 and GU-7009

GU-7000 (Ed. 4-09)

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